



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# CANDIDATE COMMITTEE COVER PAGE

FILED

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>137216</u>		3. This Statement covers From: <u>5</u> <u>30</u> <u>04</u> to <u>7</u> <u>4</u> <u>04</u> <small>Mo. Day Year Mo. Day Year</small>	
2. Committee Name <u>Committee to Elect Sonya Epley</u>		4. Candidate Last Name <u>Epley</u> First Name <u>Sonya</u> M.I. <u>K</u>	
5. Committee's Mailing Address <u>20834 Atlantic Warren, Mi. 48091</u> Area Code and Phone <u>586-427-4800</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		4a. Office Sought Including District # or Community Served (If applicable) <u>Fitzgerald Board of Education</u> 4b. County of Residence <u>Macomb</u>	
6. Treasurer's Name & Residential Address <u>Sonya Epley 20834 Atlantic Warren, Mi. 48091</u> Area Code & Phone <u>586-427-4800</u>		7. Treasurer's Business Address <u>NA</u> Area Code and Phone ( )	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>NA</u> Area Code and Phone ( )		9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input checked="" type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>6</u> <u>14</u> <u>2004</u> <small>Month Day Year</small>	
9c. <input type="checkbox"/> Annual Statement ( Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <u>Sonya Epley</u> <small>Type or Print Name</small>		Date <u>7</u> <u>18</u> <u>2004</u> <small>Mo. Day Year</small>	
Candidate <u>Sonya Epley</u> <small>Type or Print Name</small>		Date <u>7</u> <u>18</u> <u>2004</u> <small>Mo. Day Year</small>	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

2. Committee Name Committee to Elect

Sonya Epley

# SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$ <u>249.07</u>	(18.) \$ <u>1167.84</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ <u>249.07</u>	(20.) \$ <u>1167.84</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>249.07</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>249.07</u>	(23.) \$ <u>1167.84</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>/</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>/</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>/</u>	(24.) \$ <u>/</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>249.07</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>249.07</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>249.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	

\*If your ending balance is negative, please recheck your math.

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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137216

2. Committee Name

Committee to Elect Sonya Epley

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: <u>Sonya Epley</u></p> <p>Address: <u>20834 Atlantic Warren, Mi. 48091</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Teacher</u> Employer <u>Franklin-Wright Settlements</u></p> <p>Business Address <u>3360 Charlevoix Detroit, MI 48207</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$249.07	\$1017.84
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		\$249.07	\$249.07

Enter this total on  
line 3 of Summary  
Page.

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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 1372162. Committee Name Committee to Elect Sonya Epley

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Office Depot</u> Address <u>29040 Van Dyke</u> <u>Warren, Mi. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Photocopying</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/8/04</u>	<u>\$108.47</u>
Expenditure #2 Name <u>United States Post Office</u> Address <u>Detroit, Mi. 48202</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/7/04</u>	<u>\$140.60</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

\$249.07\$249.07

Enter this total  
on line 8a of  
Summary Page

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